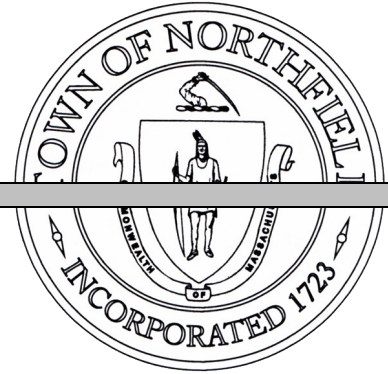


TOWN OF NORTHFIELD

BOARD OF SELECTMEN

69 Main Street, Northfield, Massachusetts 01360

Phone: (413) 498-2901 Fax: (413) 498-5103



NORTHFIELD SEWER COMMISSION

Application for New Sewer Service

Date of Application _____

Owner's Name _____

Current Address _____

Telephone, Home: _____ Work: _____

Service to be Installed at _____

Maximum number of people who will use the above fixtures _____

Number of families _____

Kitchen sinks _____ Urinals _____ Showers _____

Toilets _____ Bath Tubs _____ Garbage Disposals _____

Auto. Washer _____ Auto. Dishwasher _____ Other _____

A plan showing the location of the proposed installation must be attached.

The size of service shall be 4-inch PVC pipe.

In consideration of the granting of this permit, the undersigned agrees to accept and abide by all provisions of the Sewer Use Regulations of the Town of Northfield, and of all other pertinent rules and regulations that may be adopted in the future.

FEES: Permanent Privilege: \$2,000.00

Application: 150.00

Total: \$2,150.00

To contact the Wastewater Treatment Plant Operator, and schedule an inspection, call 413-498-5116.

Excavator's Name _____

Address _____

Telephone _____

Signature of Owner _____ Date _____

Application Approved by _____ Date _____

Date to be installed _____ Time _____

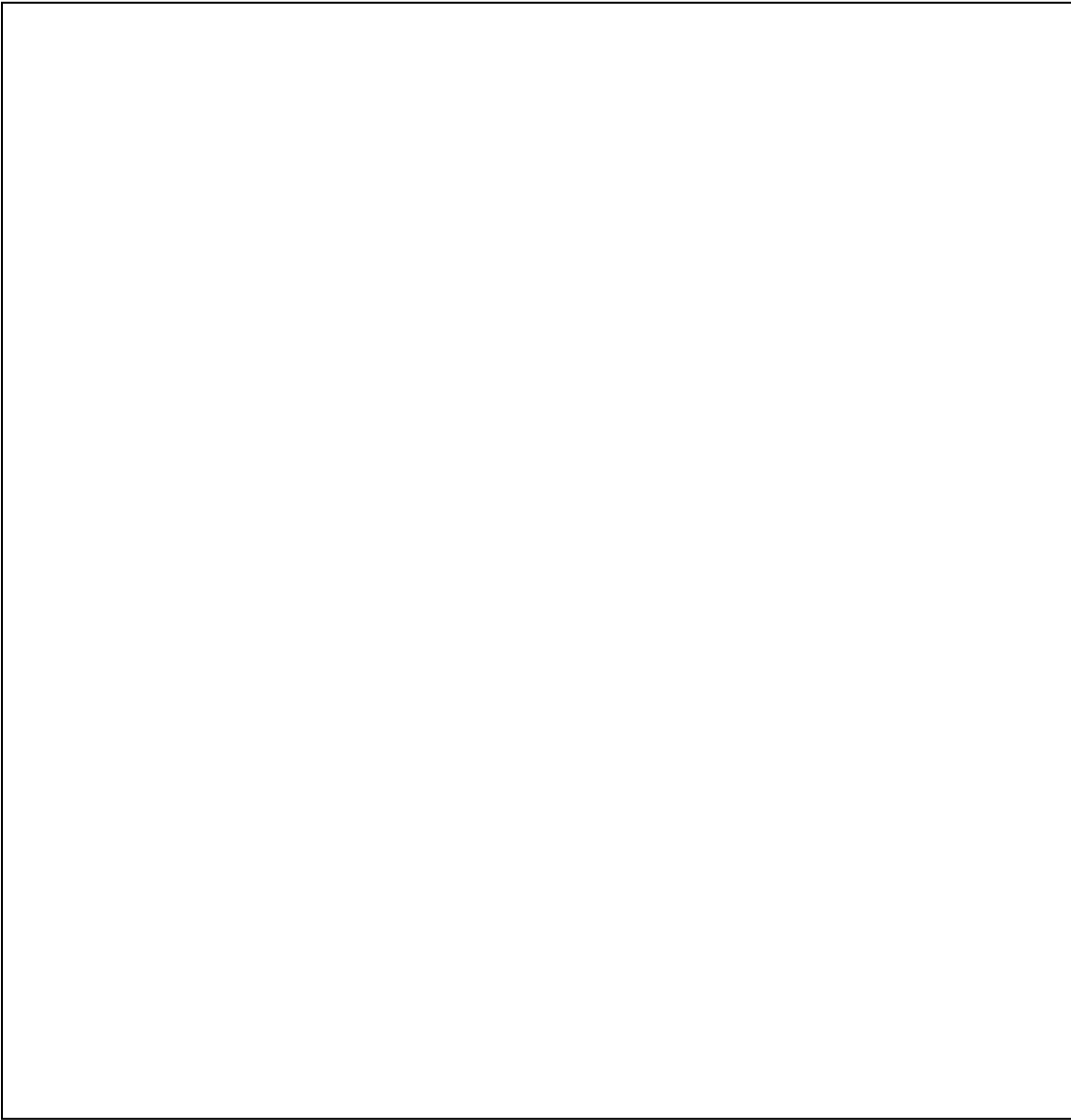
PROPOSED SEWER SERVICES

Owner or Builder: _____

Current Address: _____

New Services at: _____

SKETCH OF BUILDING AND LOCATION OF SEWER SERVICES



Signature of Owner

Date

Distance (edge of pave to building) _____

Difference in elevation _____

The following information is requested by the Federal Government in order to monitor our compliance with various civil rights laws. You are not required to furnish this information, but are encouraged to do so. The law requires that we may not discriminate based upon this information, nor whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations we are required to note the race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the space below.

I do not wish to furnish this information _____

Race/National Origin:	American Indian or Alaskan Native	_____
	Asian or Pacific Islander	_____
	White, not of Hispanic origin	_____
	Black, not of Hispanic origin	_____
	Hispanic Origin	_____
	Other (Specify)	_____
Sex:	Female	_____
	Male	_____

RURAL DEVELOPMENT IS AN EQUAL OPPORTUNITY LENDER.

COMPLAINTS OF DISCRIMINATION SHOULD BE SENT TO: SECRETARY OF
AGRICULTURE, WASHINGTON DC 20250.